

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HUMAN SERVICE AGREEMENTS
ANNUAL REPORT (DHMH 440)**

SECTION I.

VENDOR NAME _____	AWARD # _____
VENDOR ADDRESS _____	STATE FISCAL YEAR _____
CITY/STATE/ZIP _____	REPORTING PERIOD _____ TO _____
PROJECT TITLE _____	TOTAL DHMH AWARD _____
TELEPHONE NUMBER _____	SIGNATURE _____ BLUE INK
DIRECTOR'S NAME _____	DATE _____
FEDERAL EMPLOYER ID _____	=====

SECTION II.

SUMMARY OF EXPENDITURES

LINE ITEMS MAY NOT BE CHANGED	FINAL APPROVED	ACTUAL	VARIANCE
	TOTAL PROGRAM BUDGET	EXPENDITURES	UNDER (OVER)
SALARIES/SPECIAL PMTS			0
FRINGE			0
CONSULTANTS			0
EQUIPMENT			0
PURCHASE OF SERVICE			0
RENOVATION			0
CONSTRUCTION			0
REAL PROPERTY PURCHASE			0
UTILITIES			0
RENT			0
FOOD			0
MEDICINES & DRUGS			0
MEDICAL SUPPLIES			0
OFFICE SUPPLIES			0
TRANSPORT/TRAVEL			0
HOUSEKEEPING			
MAINTENANCE/REPAIRS			0
POSTAGE			0
PRINTING/DUPPLICATION			
STAFF DEVELOPMENT/			0
TRAINING			0
CLIENT ACTIVITIES			0
ADVERTISING			0
INSURANCE			0
LEGAL/ACCOUNTING AUDIT			0
PROFESSIONAL DUES			0
OTHER			0
(ATTACH ITEMIZATION)			0
			0
			0
			0
			0
TOTAL DIRECT COSTS	0	0	0
INDIRECT COST			0
TOTAL	0	0	0

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SECTION III.

SUMMARY OF RECEIPTS

SOURCE OF FUNDS	ACTUAL RECEIPTS	DPCA ONLY
DHMH		
OTHER STATE		
LOCAL GOVT.		
DIRECT FEDERAL		
FUND RAISING		
UNITED CHARITIES		
INTEREST		
CARRYOVER		
FOOD STAMPS		
CONTINGENCY FUND		
OTHER (SPECIFY)		
- CLIENT FEES -		
PRIVATE PAY		
MEDICAID		
MEDICARE		
INSURANCE		
SSI		
OTHER (SPECIFY)		
TOTAL	0	

SECTION IV.

**RECONCILIATION
DPCA USE ONLY**

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TOTAL RECEIPTS _____

TOTAL EXPENDITURES _____

VARIANCE - UNDER (OVER) _____

(CSA ONLY)\$TO CONTINGENCY FUND _____

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DPCA ACTION: _____

BY: _____

DATE: _____